



Name of Applicant:

Applicant's KL System ID no.

Name of Group:.....

People Power Loan

Received at originating office *(date stamp)*

Received at Head office *(date stamp)*

Tabled to Branch Credit Committee

Tabled to Credit Committee

1st submission (date):

1st submission (date):

2nd submission (date):

2nd submission (date):

3rd submission (date):

3rd submission (date):

For official use only

ITC/Compuscan checked	
Entered in Terbium	
By:	
Date:	

Kongalend Financial Services (Pty) Ltd.

Cnr Haddy and Viljoen Street, Windhoek West

Tel: + 264 61 24 1440 Fax: +264 61 24 1447 E-mail: kongalend@konga.na

Reg. 2007/590 NAMFISA Reg. No. 25/11/356

REQUIRED DOCUMENTS TO SUPPORT APPLICATION

Loan applicant: ID Bank statement (+ if NamPost client, copy of Smart card) Quotation(s) (where applicable) Loan utilisation breakdown

Guarantor: ID Bank statement

ELIGIBILITY CHECK BY GROUP LOAN OFFICER

Applicant is above 18 and below 65 years old Yes No

Applicant has been in business for more than 12 months Yes No

If NO, remarks by Group Loan Officer

Applicant's ID has been verified Yes No

Name of Group Loan Officer

Date: / /

Signature

PEOPLE POWER LOAN APPLICATION FORM

Originating office: Ondangwa Oshakati Oshikango Rundu Windhoek Other

Applicant is a Group board member: Yes No

Date / /

1. PERSONAL DETAILS OF APPLICANT

First name

Date of birth / /

Surname

Gender: Female Male

Namibian ID no.

ADDRESS & CONTACT DETAILS OF APPLICANT

Residential address

Postal address

Cellphone no.

Telephone no.

2. EMPLOYMENT DETAILS

Name of employer

Postal address

Physical address

Telephone

Fax

Current position

Net salary per month N\$

Payroll no. (if applicable)

Name of supervisor

3. DETAILS OF BUSINESS

Name of business

Physical address

Constituency

Region

4. TYPE OF BUSINESS

Construction Manufacturing/Production Retail Service Other

Business activity engaged in

5. DETAILS OF LOAN APPLIED FOR

Loan amount requested N\$ Duration

Purpose of loan

How much can you afford to pay each month? N\$

DECLARATION **Applicant's signature**

I declare that the information I have given is true and correct and hereby give Kongalend permission to conduct a credit bureau check. If this application is approved, Kongalend is also entitled to provide details of the manner in which I conduct my account to the credit bureau(x).

6. INSURANCE

6.1 I have been informed that I have a free choice in respect of the registered insurer and the registered insurance agent through whom I can insure the assets financed and the credit extended to me by Kongalend Financial Services (Pty) Ltd. I do not have any preference in terms of the aforementioned and hereby authorise Kongalend Financial Services (Pty) Ltd to arrange suitable insurance cover on my behalf as indicated below:
Please tick the appropriate section

6.2 **APPLICATION FOR PERSONAL ACCIDENT INSURANCE**

6.2.1 I wish to cede the benefits in terms of the Quanta Personal Accident Policy to Kongalend as security for any liability I may have to Kongalend in terms of my loan.
6.2.2 I understand that the cover by the Quanta Personal Accident Policy are for death, permanent or temporary disability and retrenchment.
6.2.3 I understand that certain cover in terms of this policy will decrease over the period of the loan and will lapse at the end of the loan term.

Maximum entry age: 65 years. All cover ceases at age 70.
 I am not aware of any decisions reached or proceedings, which may lead to the termination of my employment.
I declare that taking out the above cover was effected by me voluntarily and that it has not been made a condition of granting the loan.

6.3 **APPLICATION FOR ASSET PROTECTOR INSURANCE**

6.3.1 I understand that the assets financed in terms of this application are covered against damage caused by fire, lightning, thunderbolt, explosion, earthquake, storm, wind, hail, snow, subsidence and landslip, subject to the terms and conditions as per the applicable section.
6.3.2 I understand that the Quanta Asset Protector Policy does not provide theft or burglary cover.

I declare that taking out the above cover was effected by me voluntarily and that it has not been made a condition of granting the loan.

MEDICAL DECLARATION REQUIRED FOR SECTION 6.2

I,, also understand, agree and where applicable declare that I have not received any treatment from any Medical Practitioner during the past two years or been hospitalised or undergone hospital treatment or specialist investigation as a result of any form of disability or heart attack or heart disease, raised cholesterol, high blood pressure, stroke, cancer, kidney disease, diabetes, muscular-skeletal disorders, impaired vision, nervous disorder or AIDS-related condition.
If the above declaration cannot be made without qualification, please provide the name(s) of doctor(s) and/or full details of hospitals, duration of treatment(s), tests and extent of recovery, or the most recent level of warning received, the nature and degree of misconduct and the date thereof.

.....
.....
.....

Signed: Date:

INSURANCE DECLARATION FOR COVERS SELECTED ABOVE

This application and the Master Policy will form the basis of the insurance contract between the applicant, Kongalend and Quanta. I declare that I have the legal capacity to enter into contracts and that I have read and understood all the above and the implications thereof. I also declare that all the information provided is true.

Signed: Date:

7. APPROVAL BY GROUP BOARD	
Name	Signature
Loan amount recommended by Group Board N\$	
Remarks by Group Board	
Date: / /	Signature of Group Loan Officer
8. REVIEW OF APPLICATION BY LOAN OFFICER	
Application is accepted: Yes <input type="checkbox"/> No <input type="checkbox"/>	Loan amount recommended N\$
<input type="checkbox"/> Loan repayment history not satisfactory <i>(applicable to People Power loan applications)</i>	
<input type="checkbox"/> Affordability doubtful	<input type="checkbox"/> Viability of business doubtful
<input type="checkbox"/> Business activity excluded	<input type="checkbox"/> Business premises flooded / damaged
<input type="checkbox"/> Credit check: Clean <input type="checkbox"/> Negative <input type="checkbox"/>	
If NEGATIVE, provide details	
<input type="checkbox"/> Applicant did not respond in time	<input type="checkbox"/> Applicant does not provide full information
<input type="checkbox"/> Other (please specify):	
Remarks by Group Loan Officer	
Date: / /	Signature of Group Loan Officer performing checks:
9. REVIEW OF APPLICATION BY GROUP LOAN SUPERVISOR	
Application is approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Loan amount recommended N\$
<input type="checkbox"/> Applicant should be informed that application has been approved	
<input type="checkbox"/> Applicant should be informed that application has been declined	
Date: / /	Signature of Group Loan Supervisor
11. REVIEW OF APPLICATION BY OPERATIONS MANAGER	
Date: / /	Signature of Operations Manager